

# Health Needs of California Women Reporting Serious Psychological Distress and Chronic Health Conditions

A PUBLICATION OF THE



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## Introduction

The provision of mental health services has historically lagged behind the provision of physical health services.<sup>1</sup> To address the gap, California passed a mental health parity law in 1999 (AB 88) mandating that mental health treatment be equally covered by private health insurance providers in the state.<sup>2</sup> In 2004, California passed the Mental Health Services Act (MHSA), designed to expand county-operated mental health services. Full implementation of the landmark Patient Protection and Affordable Care Act (ACA) in January 2014 should further bridge the gap by eliminating other barriers to obtaining needed care.

Expanding the scope of an earlier brief, this policy brief highlights the mental health status of adult women in California, with a focus on women with chronic physical health conditions.<sup>3</sup> This is an important topic because of the service needs generated by having both psychological and physical conditions.<sup>4</sup> The brief addresses whether women reporting serious psychological distress (SPD) are more likely to have chronic health conditions compared to women without SPD. This brief also examines whether having co-existing emotional and physical conditions impacts the need for, access to, and utilization of mental health treatment. Initially, we examine the rates of SPD among adult women by demographic characteristics and chronic health conditions. We then focus on the population of women with SPD and co-occurring health conditions, assessing their need for mental health treatment; whether they obtain help; and what barriers, if any, prevent them from getting the help they need. Data for this policy brief are drawn from the 2011–2012 California Health Interview Survey (CHIS 2011–12).

## Measure of Serious Psychological Distress

The Kessler 6-Item Serious Psychological Distress (SPD) Scale (K6) is used to measure serious, nonspecific mental health distress among adults in a population (see accompanying text box). The scale covers six symptom areas associated with serious psychological distress (SPD) and provides both past-month and past-year estimates of serious psychological distress.<sup>5</sup> In this brief, we focus on rates of past-year SPD.

## Serious Psychological Distress Rates Among Adult Women in California

According to 2011–12 CHIS findings, over 1 million California adult women ages 18 and older (9.0% or 1,273,000 women) reported experiencing symptoms associated with SPD in the past year (EXHIBIT 1). CHIS 2011–12 results underscore a number of disparities in past-year SPD rates by age, income, family structure, and racial/ethnic background. Younger women have higher past-year rates of serious psychological

*Approximately 643,000 women in California with past-year SPD had co-occurring conditions.*

## EXHIBIT 1 | Rates of Serious Psychological Distress Among Adult Women by Selected Demographic Characteristics, California, 2011–12

Women Ages 18 and Older with SPD	Percent	Estimated Population
<b>Age Group</b>		
18–44	10.6% <sup>a</sup>	740,000
45–64	9.4% <sup>a</sup>	450,000
65 or older	3.4%	83,000
<b>Family Income</b>		
0–199% FPL	12.5% <sup>b</sup>	689,000
200–399% FPL	8.0% <sup>b</sup>	279,000
400% FPL and above	5.9%	305,000
<b>Race/Ethnicity</b>		
African-American	9.7% <sup>c</sup>	81,000
American Indian/Alaska Native	12.0% <sup>c</sup>	7,000
Asian/Native Hawaiian/Pacific Islander	5.4%	115,000
Latina	10.7% <sup>c</sup>	516,000
Two or more races	14.4% <sup>c</sup>	41,000
White	8.4% <sup>c</sup>	513,000
<b>Family Structure</b>		
Single, with children	15.1%	204,000
Single, no children	10.7% <sup>d</sup>	593,000
Married, with children	7.1% <sup>d</sup>	260,000
Married, no children	6.0% <sup>d</sup>	216,000
<b>TOTAL ALL WOMEN WITH SPD</b>	<b>9.0%</b>	<b>1,273,000</b>

<sup>a</sup> Significantly higher than for women ages 65 years or older.

<sup>b</sup> Significantly higher than for women at 400% federal poverty level (FPL) and above.

<sup>c</sup> Significantly higher than for Asian/Native Hawaiian/Pacific Islander women.

<sup>d</sup> Significantly lower than for single women with children.

Source: 2011–12 California Health Interview Survey

### Kessler 6-Item SPD Scale (K6)

The Kessler 6 scale is a short screener designed to distinguish cases of serious mental illness (SMI) from non-cases. Past-year serious psychological distress (SPD) is measured for the worst month of SPD in the past 12 months. The K6 asks:

*During the past 30 days [or During the worst emotional month in the past 12 months], about how often did you feel ... 1) nervous; 2) hopeless; 3) restless or fidgety; 4) so depressed that nothing could cheer you up; 5) that everything was an effort; 6) worthless?*

Scores range from 0–24. A cutoff point of 13 or greater is considered the optimal level to assess the prevalence of serious psychological distress (SPD) in the adult population.

distress compared to older women.<sup>6</sup> Women at 0–199% of the federal poverty level (FPL) have twice the rate (12.5%) of past-year SPD than women at 400% or above FPL (5.9%; EXHIBIT 1).

Among California’s diverse racial/ethnic groups, past-year SPD rates range from 5.4% to 14.4%.<sup>7</sup> Women of two or more races (14.4%) and American Indian/Alaska Native women (12.0%) are twice as likely to have past-year SPD compared to Asian/Native Hawaiian/Pacific Islander women (5.4%). Among family types, the rate of past-year SPD experienced by single women with children (15.1%) is twice as high as the rate among married women with children (7.1%; EXHIBIT 1).

### Women with Serious Psychological Distress More Likely to Report Fair or Poor Health

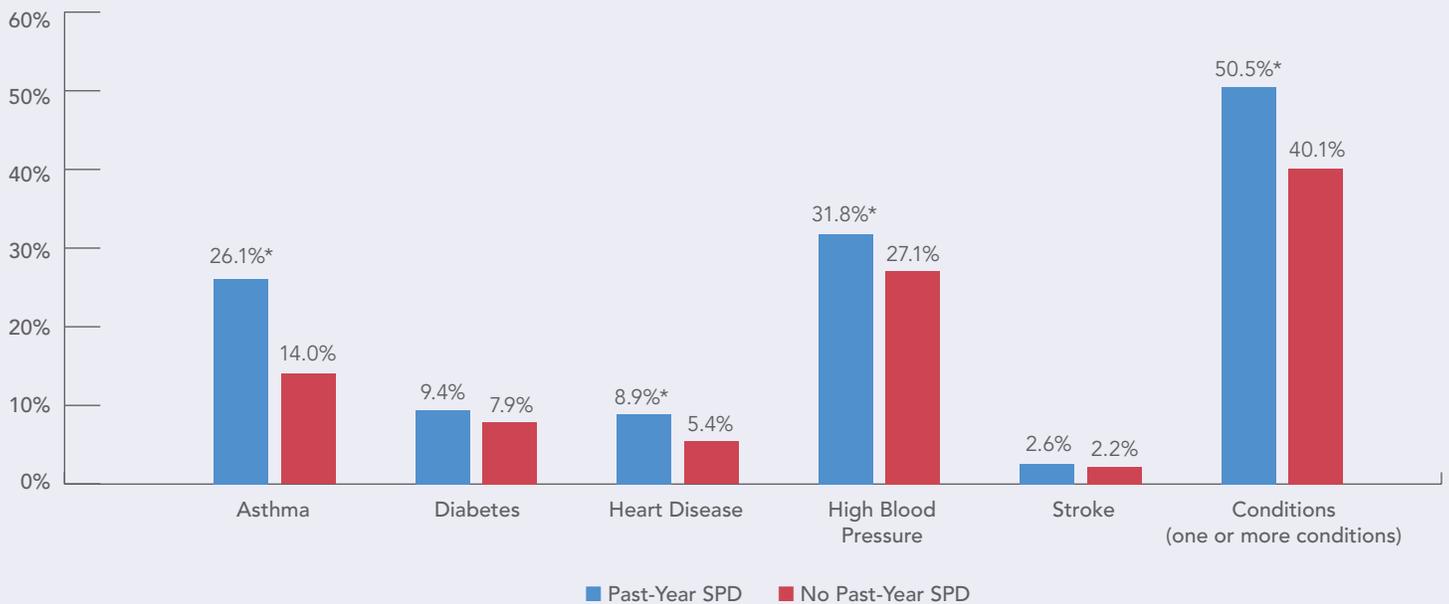
A standard question administered on CHIS asks respondents to self-report their health status. Adults are asked: “Would you say that in general your health is excellent, very good, good, fair or poor?” Women with past-year SPD are more than twice as likely to report their health as “fair or poor” (41.7%) compared to women without past-year SPD (18.1%; data not shown on exhibit).

### Higher Rates of Chronic Conditions Among Women with Serious Psychological Distress

A co-existing health condition may exert an additional health toll on women with serious psychological distress.<sup>8</sup> In order to assess the relationship between SPD and physical health conditions, we examined the five conditions covered in the 2011–12 CHIS: specifically, asthma, diabetes, heart disease, high blood pressure, and stroke. Exhibit 2 provides the comparison of the prevalence of these five conditions between women with and without past-year SPD.

**Chronic Physical Health Conditions.** Women with past-year SPD are significantly more likely to report being diagnosed with asthma (26.1%) than are women who do not report past-year SPD (14.0%). While no differences by SPD status occur for diabetes, women with SPD are more likely to report diagnosed heart disease (8.9%) than women without SPD (5.4%). Nearly a third of women with SPD have high blood pressure (31.8%), while the proportion of women without SPD reporting this condition is significantly lower (27.1%). The rarer condition of stroke does not differ between women with or without past-year SPD (EXHIBIT 2).

## EXHIBIT 2 | Health Conditions by Serious Psychological Distress Status, Adult Women, California, 2011–12



\*Significantly higher than for women without past-year SPD.

**Notes:** Health conditions are based on women reporting whether they have ever been diagnosed with the condition. *Conditions* are defined as those who report being diagnosed with one or more of the five listed health conditions.

**Source:** 2011–12 California Health Interview Survey

### Examining Women with Serious Psychological Distress and Co-Occurring Physical Health Conditions

In order to more closely examine the impact of co-occurring health conditions among women with SPD to those without SPD, we began by defining chronic physical health conditions (*conditions*) (see accompanying text box).

#### Definition of Chronic Physical Health Conditions

Chronic physical health conditions (*conditions*) are defined as women reporting being diagnosed with one or more of five health conditions asked about on CHIS 2011–12: *Has a doctor ever told you that you have... 1) asthma, 2) diabetes, 3) heart disease, 4) high blood pressure, or 5) stroke?*

Women with past-year SPD were more likely to report having co-occurring *conditions* (50.5%) compared to women without serious psychological distress (40.1%; EXHIBIT 2). Approximately 643,000 women in California with past-year SPD had co-occurring *conditions*.

### Health Care Access Among Women with Serious Psychological Distress and Co-Occurring Conditions

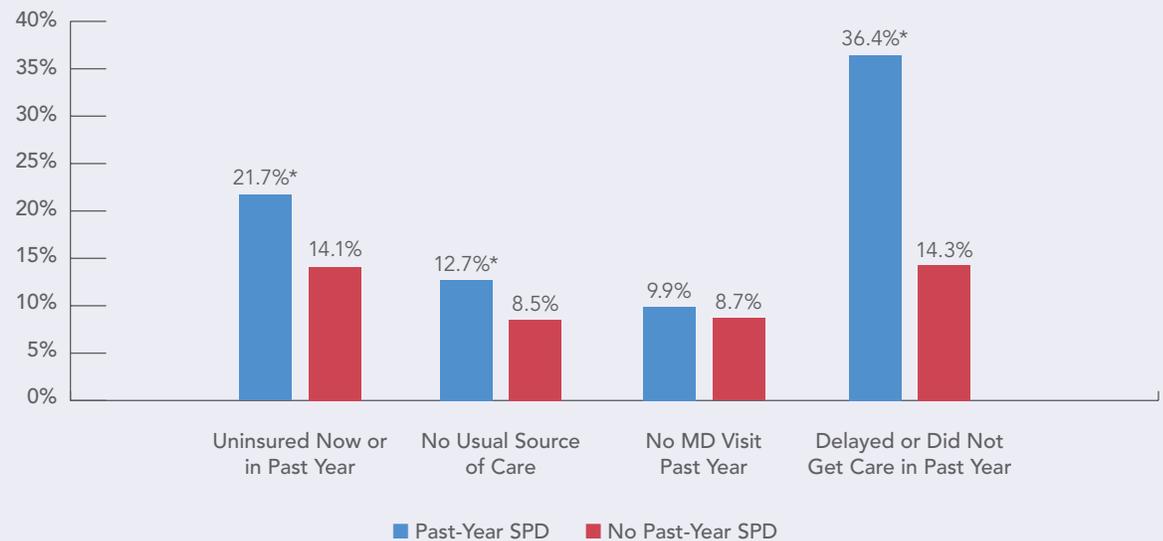
**Women with SPD and *Conditions* More Likely to Be Uninsured.** Lack of insurance coverage is a key barrier to obtaining medical care. Women with SPD and co-occurring *conditions* were more likely to be uninsured currently or at some time during the past year (21.7%) compared to women with *conditions* but no SPD (14.1%; EXHIBIT 3).

Similarly, women with SPD and co-occurring *conditions* were more likely to lack a usual source of health care (12.7%) than their peers with *conditions* and no past-year SPD (8.5%). This means that one in eight women with SPD and *conditions* do not have a usual place where they receive their care.

**Lack of Past-Year MD Visit.** Most women with *conditions* had a recent doctor visit, with fewer than one in ten not visiting a physician in the past year. There were no differences by SPD status in the proportion of women without a yearly doctor visit: 9.9% of women with SPD and co-occurring *conditions* and 8.7% of women with *conditions* and no SPD went without a past year doctor visit, rates not statistically different (EXHIBIT 3).<sup>9</sup>

Women with SPD and co-occurring conditions are more than twice as likely to delay or not get needed health care services (36.4%) than women with conditions and no past-year SPD (14.3%).

**EXHIBIT 3 | Health Access Measures by Serious Psychological Distress Status, Adult Women with Conditions, California, 2011–12**



\*Significantly higher than for women with conditions and no past-year SPD.

**Note:** Conditions are defined as those women who report being diagnosed with one or more of five conditions (asthma, diabetes, heart disease, high blood pressure, or stroke).

**Source:** 2011–12 California Health Interview Survey

**Delay or Forgo Needed Services.** Women with SPD and co-occurring conditions are, however, more than twice as likely to delay or not get needed health care services (36.4%) than women with conditions and no past-year SPD (14.3%). Over one-third of women with SPD and co-occurring conditions delayed getting needed health care or did not receive it (EXHIBIT 3).

### Need for Mental Health Services

CHIS respondents were asked whether there was a time in the past 12 months when they thought they might need to see a professional because of "... problems with your mental health, emotions, nerves or your use of alcohol or drugs."<sup>10</sup> Among women with past-year SPD and co-occurring conditions, 70.4% said they needed mental health help in the past year (EXHIBIT 4). Of this group of women, 74.0% saw a professional for mental health services. Approximately one-fourth (26.0%) indicated that they did not get the help they thought they needed for their emotional problems, a sign that there may be potential barriers to obtaining needed mental health services for some women with SPD and co-occurring conditions (EXHIBIT 4).<sup>11</sup>

### Mental Health Treatment Barriers Among Women with Unmet Needs

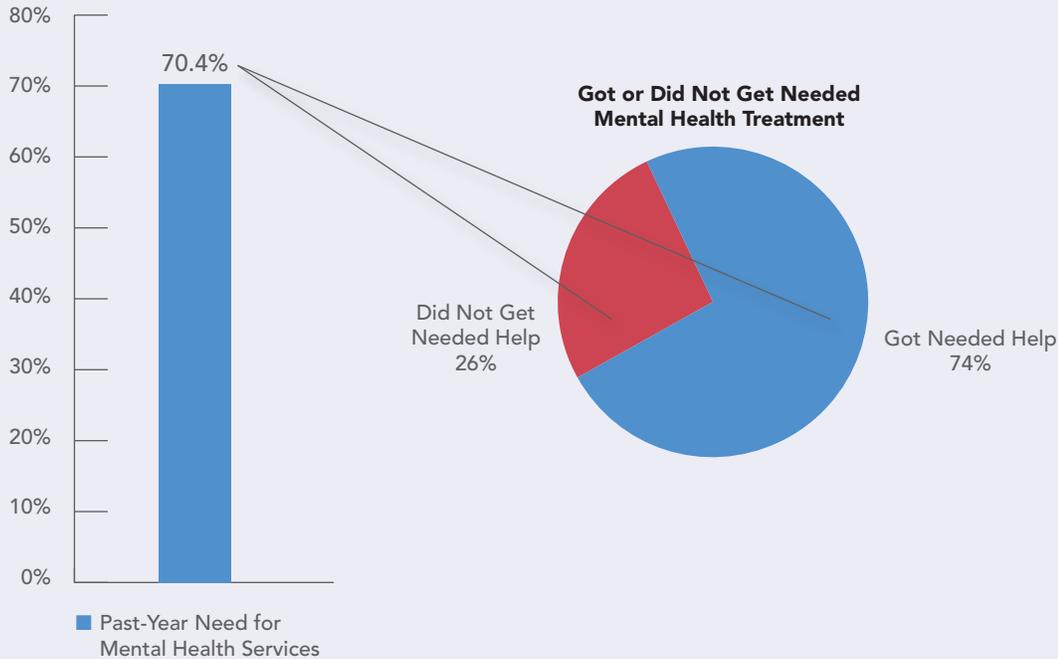
Women with SPD and co-occurring conditions who have unmet mental health service needs were asked about four potential barriers to obtaining mental health care (EXHIBIT 5).

**Cost.** A major barrier for these women was financial. Nearly six in 10 (57.9%) reported concern about treatment costs.

**Stigma.** There are two potential barriers related to the stigma that surrounds receiving mental health treatment. Nearly four in 10 (37.5%) women reported discomfort about discussing their personal problems with a professional. Slightly over one-third (35.6%) expressed concern over what might happen if someone found out they had an emotional problem.

**Logistics.** The logistics of getting an appointment posed a barrier for approximately one in five (18.7%) women with SPD and co-occurring conditions who have unmet needs for services (EXHIBIT 5).

**EXHIBIT 4 | Past-Year Met and Unmet Mental Health Treatment Need, Adult Women with Serious Psychological Distress and Conditions, California, 2011–12**

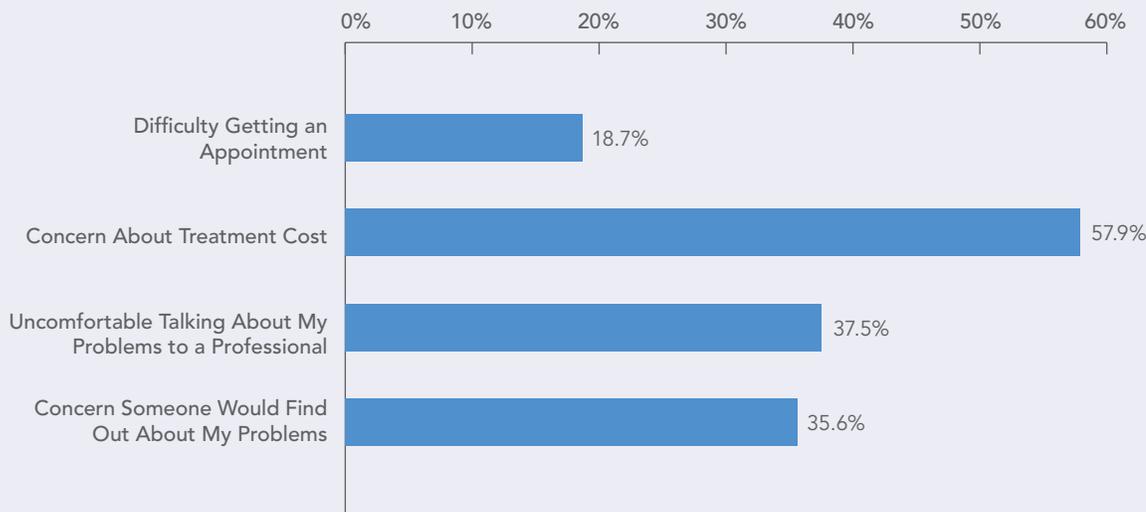


**Note:** Conditions are defined as those women who report being diagnosed with one or more of five conditions (asthma, diabetes, heart disease, high blood pressure, or stroke).

**Source:** 2011–12 California Health Interview Survey

*Among women with past-year SPD and co-occurring conditions, 70.4% said they needed mental health help in the past year. [Yet]... over one quarter who needed such help failed to receive it.*

**EXHIBIT 5 | Treatment Barriers, Adult Women with Serious Psychological Distress and Conditions Who had Unmet Need, California, 2011–12**



**Notes:** Only women who expressed a need for treatment but did not receive it are asked about barriers. Conditions are defined as those women who report being diagnosed with one or more of five conditions (asthma, diabetes, heart disease, high blood pressure, or stroke).

**Source:** 2011–12 California Health Interview Survey

*Specific parts of the Affordable Care Act focus on eliminating barriers for those in need of mental health care services.*

## Summary

Nearly 1.3 million women in California report symptoms of past-year serious psychological distress. Our findings highlight links between sociodemographic characteristics and serious psychological distress. Young women, single women with and without children, and women in the lowest income level have higher levels of serious psychological distress than women in other age, income, and family structure categories. American Indian/Alaska Native women and women of two or more races have past-year SPD at higher rates than Asian/Native Hawaiian/Pacific Islander women combined.

Women with past-year SPD are significantly more likely to report their health as “fair or poor” compared to their peers without SPD. Women with SPD are also more likely to report being diagnosed with asthma, heart disease, or high blood pressure compared to women without SPD. Overall, women with SPD are more apt to report being diagnosed with co-occurring *conditions* (one or more of five health conditions measured on CHIS 2011–12) than women without past-year SPD.

Women with SPD and co-occurring *conditions* experience greater health insurance and access challenges than do women with *conditions* and no past-year SPD. Those in the former group are more likely to be uninsured and to lack a usual source of care. While past-year doctor visit rates do not differ between the two groups, women with SPD and *conditions* are more than twice as likely to delay or not get needed health care compared to women with *conditions* and no SPD.

Results show that 70.4% of women with past-year SPD and co-occurring *conditions* needed help for mental health problems. While nearly three-fourths (74%) of these women received care, over one quarter who needed such help failed to receive it.

Finances are identified as a major barrier to obtaining mental health care, with almost 60% of women with SPD and co-occurring *conditions* who needed but failed to obtain care citing treatment cost barriers. Over one-third identified barriers related to stigma, such as their discomfort about discussing personal problems with professionals and their fear of what might happen if someone learned they had a problem.<sup>12</sup>

## Implications

In January 2014, the groundbreaking Patient Protection and Affordable Care Act (ACA) was fully implemented. Specific parts of the law focus on eliminating barriers for those in need of mental health care services. Building on federal mental health parity law, all private, non-grandfathered private plans must cover mental health and substance use disorder treatment as one of the ten

essential health benefit categories.<sup>13</sup> The expansion of public coverage under Medi-Cal also includes the provision of mental health services.<sup>14</sup>

Further, private non-grandfathered plans are required to cover an array of preventive services, including annual well-women visits, screening and counseling for interpersonal and domestic violence, and screening for depression.<sup>15</sup> These plans must cover 100 percent of the costs of these preventive services, meaning no co-pays or other deductibles will be charged. Other essential preventive services for adults, and some specific to women, focus on preventing common chronic conditions through screening. Tobacco use, gestational diabetes, high cholesterol and blood pressure, HIV, and cervical cancer screening, as well as obesity screening and counseling, mammograms, and diet counseling for those at higher risk for chronic disease are among services included.<sup>16</sup>

Managing a chronic disease or health condition requires following medical advice as well as being aware of triggers that may exacerbate the condition. The ongoing coping skills needed to manage one’s health condition may be stretched thin if the woman must also deal with serious psychological distress. For some women, having a physical health condition may in itself be linked to episodes of distress.<sup>17</sup>

Weaving mental health services into the changing fabric of the health care system should prove beneficial for women with SPD and co-occurring *conditions* as they seek and receive the help they need. With mental health care serving as an essential ACA preventive service, those with mental health needs can be identified and referred to care early, resulting in women benefiting from more effective management.<sup>18</sup>

## Data Source and Methods

Data for this policy brief are drawn from the 2011–12 California Health Interview Survey (CHIS 2011–12), a random-digit-dial telephone survey of the California population living in households, and the largest statewide health survey conducted in the U.S. CHIS interviewed 25,087 women ages 18 and older in 2011–12. Sampling tolerances at the 95% confidence level were used to calculate statistically significant differences between groups. All differences between groups reported in the policy brief are statistically different at  $p < .05$ . Determination of adequate sample size to report data was based on analysis of the coefficient of variation (CV), using a criterion of 30. For more CHIS information, please visit [www.chis.ucla.edu](http://www.chis.ucla.edu).

## Author Information

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## Funder Information

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## Endnotes

- 1 An overview of mental health needs among Californians using CHIS 2007 data is in an earlier report: Grant D et al. *Adult Mental Health Needs in California: Findings from the 2007 California Health Interview Survey*. Los Angeles, CA: UCLA Center for Health Policy Research, 2011.
- 2 Lake T, Sasser A, Young C, and Quinn B. *A Snapshot of the Implementation of California's Mental Health Parity Law*. Cambridge, MA: Mathematica Policy Research, Inc., 2002.
- 3 Zahnd E and Wyn R. *Over One Million Adult Women in California Report Serious Psychological Distress During the Past Year*. Oakland, CA: Public Health Institute, 2012.
- 4 Turner J and Kelly B. Emotional Dimensions of Chronic Illness. *Western Journal of Medicine* 172(2): 124–128, 2000. Accessed at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070773/>
- 5 Kessler-6 response categories and item scores are: *all of the time (4), most of the time (3), some of the time (2), a little of the time (1), or none of the time (0)*. Kessler RC, Barker PR, et al. Screening for Serious Mental Illness in the General Population. *Archives of General Psychiatry*, 60(2): 184–189, 2003.
- 6 A recent companion brief examined women's health in California by age and income: Wyn R, Zahnd E, and Holtby S. *Women's Health in California: Examining Age and Income*. Oakland, CA: Public Health Institute, June 2014.
- 7 An earlier brief analyzed racial/ethnic disparities among California women. Zahnd E and Wyn R. *Racial/Ethnic Health Disparities Among Women in California*. Oakland, CA: Public Health Institute, January 2014.
- 8 In a 2012 brief, it was noted that over half of women with past-year SPD reported that their household chores, social life, and relationships were severely impaired due to emotional distress. If women with SPD have additional stress from managing chronic health conditions, daily life functioning may prove even more challenging. Zahnd E and Wyn R. *Ibid*. Oakland, CA: Public Health Institute, 2012.
- 9 Adults with comorbid mental and physical health conditions were found more likely to have contact with health care professionals compared to those with only mental health needs: Grant D et al. *Adult Mental Health Needs in California: Findings from the 2007 California Health Interview Survey*. Los Angeles, CA: UCLA Center for Health Policy Research, 2011.
- 10 Fewer than 2% of those who saw a provider for mental health or AOD problems reported seeking AOD treatment. National data show that fewer than 3% of adults had AOD treatment in 2005, 2009, 2010, or 2011. Substance Abuse and Mental Health Services Administration. *Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings*. NSDUH Series H-47, HHS Publication No. SMA 13-4805. Rockville, MD: SAMHSA, 2013.

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- 11 *Unmet need* is defined as a woman with past-year SPD and conditions reporting that she needed to see a professional about a mental health problem during the past year but not having received those services.
- 12 California Department of Mental Health. California Strategic Plan on Reducing Mental Health Stigma and Discrimination. 2009. Accessed at: <http://www.calmhsa.org/downloads/aboutus/Strategic-Plan-for-Reducing-Stigma-and-Discrimination.pdf>
- 13 "Grandfathered" plans are those that existed when the ACA was enacted and have not been changed in specified ways. U.S. Department of Health and Human Services, ASPE Research Brief. *Affordable Care Act Will Expand Mental Health and Substance Use Disorder Benefits and Parity Protections for 62 Million Americans*. February 2013. Accessed at: [http://www.aspe.hhs.gov/health/reports/2013/mental/rb\\_mental.cfm](http://www.aspe.hhs.gov/health/reports/2013/mental/rb_mental.cfm)
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- 15 U.S. Department of Health and Human Services, *Preventive Care Benefits*. 2014. Accessed at: <https://www.healthcare.gov/what-are-my-preventive-care-benefits#part=1>. See also: U.S. Department of Health and Human Services. *Women's Preventive Services Guidelines: Affordable Care Act Expands Preventive Coverage for Women's Health and Well-Being*. August 2011. Accessed at: <http://www.hrsa.gov/womensguidelines/>
- 16 U.S. Department of Health and Human Services, ASPE Issue Brief. *Increased Coverage of Preventive Services with Zero Cost Sharing Under the Affordable Care Act*. June 2014. Accessed at: [http://aspe.hhs.gov/health/reports/2014/PreventiveServices/ib\\_PreventiveServices.pdf](http://aspe.hhs.gov/health/reports/2014/PreventiveServices/ib_PreventiveServices.pdf)
- 17 Guthrie E. Emotional Disorder in Chronic Illness: Psychotherapeutic Interventions. *British Journal of Psychiatry* 168: 265–273, 1996. Accessed at: [https://www.researchgate.net/publication/14371071\\_Emootional\\_disorder\\_in\\_chronic\\_illness\\_psychotherapeutic\\_interventions](https://www.researchgate.net/publication/14371071_Emootional_disorder_in_chronic_illness_psychotherapeutic_interventions)
- 18 National Women's Law Center. *Fact Sheet — Women's Preventive Services in the Affordable Care Act: Frequently Asked Questions*. Washington, D.C., 2012. Accessed at: [http://www.nwlc.org/sites/default/files/pdfs/womens\\_prev\\_services\\_in\\_the\\_aca\\_faq\\_5-13-13.pdf](http://www.nwlc.org/sites/default/files/pdfs/womens_prev_services_in_the_aca_faq_5-13-13.pdf)



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